

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	7652	09-9-99
O.I.P.E. CLASSIFIER			9-18-99
FORMALITY REVIEW	CM	71632	9/16/99

71632

10/26/99

INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 (Through numeral)..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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